

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

File No. 33721  
Registered No. ....  
St. .... Ward

1. PLACE OF DEATH

County Sullivan 7 Registration District No. 852  
Township Park 1 Primary Registration District No. 6120  
City Milan (No. ....) St. .... Ward

2. FULL NAME Marian L. Hill

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 8 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

I HEREBY CERTIFY That I attended deceased from 1939 to Sept 8 1939 that I last saw her alive on Sept 7 1939, and that death occurred, on the date stated above, at 11:59 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-11-1901

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 9 27

Menia from chronic polyartery degenerative of both kidneys

8. OCCUPATION OF DECEASED

(duration) 12 yrs. mos. ds.

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) 12 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Green City, Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH:

10. NAME OF FATHER Charles Hill

DID AN OPERATION PRECEDE DEATH? no. DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Putnam Co. (STATE OR COUNTRY)

17. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Alpha Lovel

WHAT TEST CONFIRMED DIAGNOSIS? Malaria Exam. (Signed) J.S. Montanary, M.D. Sept. 9, 1939 (Address) Milan Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Green City, Mo. (STATE OR COUNTRY)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT A. Hill (Address) Purdine, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED Sept 10 1939 (Cleo Hagan) REGISTRAR

Green City Cem. 9-9 1939  
20. UNDERTAKER Glenn E. Kent & Son ADDRESS Green City, Mo.

